



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 3, 2009

Cliff McAleer, Administrator
Milestone Decisions Inc. #3
611 South Main
Moscow, Idaho 83843

Dear Mr. McAleer:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Milestone Decisions #3, which was concluded on August 24, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

FILE COPY

Cliff McAleer, Administrator
September 3, 2009
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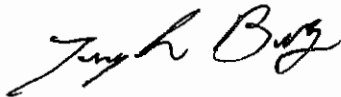
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 16, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,



TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2009
NAME OF PROVIDER OR SUPPLIER MILESTONE DECISIONS, INC. #3 (LEXINGTON)		STREET ADDRESS, CITY, STATE, ZIP CODE 2087 LEXINGTON MOSCOW, ID 83843		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V (III) building built in 1983. The facility is protected by a 13 D automatic fire sprinkler system with system sprinkler heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 8 ICF-MR beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted on August 24, 2009 in accordance with 42 CFR 483.470.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2009
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (III) building built in 1983. The facility is protected by a 13 D automatic fire sprinkler system with system sprinkler heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 8 ICF-MR beds.</p> <p>The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR).</p> <p>The following deficiencies were cited during the fire/life safety survey on August 24, 2009.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction</p>	M 000	<p>RECEIVED SEP 14 2009 FACILITY STANDARDS</p> <p>See Attached POC</p>	
MM327	<p>16.03.11.110.02(h) Emergency Electrical Service</p> <p>Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by:</p> <p>Based on observation, it was determined that the facility had not ensured that all emergency electrical lighting was maintained in working order.</p> <p>The findings include:</p> <p>Observation on August 24, 2009 at 12:26 PM, disclosed that the emergency lighting unit in the client sleeping room hallway was not functioning</p>	MM327		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Curt McAllen

TITLE

Administrator

(X6) DATE

9-10-09

Bureau of Facility Standards

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MM327	Continued From Page 1 upon pressing of the test button. The findings were observed and noted by facility maintenance director and surveyor.	MM327		

Plan of Correction
Milestone Decisions, Inc. # 3
13GO44

mm327

Milestone maintenance dept. has inspected the emergency lighting unit in the hallway and has ensured it is in working order. We will continue to do monthly maintenance checks on all emergency and household systems. I have sent along a copy of the Aug and Sept checklists. You'll note the Aug checklist shows a unit not working and they changed out the battery. This was the same unit that was not working on the day of the survey. When maintenance re-investigated it appears the unit was not put back together properly. Consequently they re-assembled it and it was working fine. Maintenance will be instructed to re-check that systems are in working order after any type of maintenance. Corrective action is completed.